Transgender Health
Volume 7, Number 6, 2022
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DOI: 10.1089/trgh.2020.0146

REVIEW

Review of Health Insurance Policy Inclusivity of Gender Nonconforming and Nonbinary Individuals Seeking Gender-Affirming Health Care

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Abstract

Background: An increasing number of individuals who present to health care professionals identify as transgender, gender nonconforming (GNC), and gender nonbinary (NB). GNC/NB individuals experience higher rates of discrimination in health care settings compared with their binary (e.g., trans male and trans female) counterparts. Outdated language excludes the nuances of gender identity. The goal of this study was to evaluate whether current terminology found in health insurance policies may be a barrier to gender-affirming health care for GNC/NB individuals.

Methods: Health insurance policies for a diverse subset of government ($n = 4$) and private ($n = 6$) payers were obtained in May 2020. Policies were reviewed independently by two members of the research team to determine whether each was supportive or unsupportive to GNC/NB individuals. An arbitrary scoring system was designed that allowed the reviewers to assign a specific number of points to each policy based on the aggregation of mention, coverage, and inclusivity.

Results: Most policies performed poorly as indicated by a support score less than zero. It was also noted that most policies used binary, gendered language, and terminology that excludes the unique gender identities of many GNC/NB individuals.

Conclusions: Most policies currently failed to provide clear, inclusive coverage to GNC/NB individuals for relevant and important aspects of their care. In their current state, these policies are a source of confusion, uncertainty, and discouragement for these individuals, which can present as a barrier to accessing quality, inclusive, gender-affirming health care.

Keywords: gender-affirming health care; gender nonbinary; gender nonconforming; health insurance; transgender health

Introduction

An increasing number of individuals who present to health care professionals identify as transgender, gender nonconforming (GNC), and gender nonbinary (NB). Gender dysphoria is a term that describes the distress present within individuals who experience an incongruency between the gender assigned to them based on their primary and/or secondary sex characteristics and their personal experience of their gender.[1] Many of these individuals will seek medical care to address their gender dysphoria, including mental health services, hormone therapy, reproductive health, and surgical procedures.[2,3]

As conversations regarding gender identity have unfolded, much of the current research on transgender health care for the treatment of gender dysphoria focuses on transgender individuals who identify with a binary gender, using the identifiers "transmale" or "transfemale."[3–5] This is despite the existence of a wide range of terms used to describe individuals

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who are grouped under the overarching identity of "transgender."[6,7] Approximately one-third of transgender individuals identify as GNC/NB, meaning that their gender does not fall exclusively within male or female normative categories. This community is often overlooked in the current literature, and the clinical needs of these individuals who do not have a binary gender-based goal of treatment for gender dysphoria are yet to be fully understood.[8]

Although both populations experience the negative effects of gender minority stressors, GNC/NB individuals experience higher rates of discrimination in health care settings and are less likely to access transgender-specific care compared with their binary transgender counterparts.[9–11] This is demonstrated by the U.S. Transgender Survey, which noted that GNC/NB individuals are less likely to have received hormone therapy or to have had surgery compared with those who identify as either trans male or trans female.[12] This may be partially explained by recent studies that have also demonstrated that members of this population experience a lower rate of health care utilization, such as lower rates of annual wellness visits, and less mental health care utilization by GNC/NB individuals versus those identifying as binary transgender.[13] These concerns are further ensconced in a social environment where GNC/NB individuals are more likely to experience depression, anxiety, harassment, and sexual abuse than binary transgender individuals. They are also more likely to report suicidality.[14] These data suggest that the experiences of GNC/NB individuals is distinct from binary transgender individuals, and may be fraught with increased health consequences of discrimination. In this vein, studies of GNC youth have demonstrated that perceived gender nonconformity is a risk factor for minority stressors, elevating adverse health outcomes in comparison with their binary transgender peers.[15]

GNC/NB individuals may also experience lack of awareness and cultural competency when seeking medical care additive to the difficulties faced by patients identifying as binary transgender. This is exemplified by the nuance that when seeking hormone therapy and surgical procedures, GNC/NB individuals may find the specific level of care they seek does not fit within the binary male-to-female or female-to-male transgender narrative.[12] Some GNC/NB individuals avoid seeking gender-affirming health care altogether owing to the judgment faced when articulating their unique goals and concerns, correlating to a hypothesized binary transgender privilege existing within an assumed linear transition from one gender to another supported by preexisting medical and social constructs.[16] Others may feel forced to use binary transgender language and labels to obtain necessary treatment.[12] For those individuals who do receive treatments, many alter their prescribed regimen to fit personal goals of treatment they could not express during the patient–provider interaction, introducing a host of associated unknown health risks.[17] For individuals who are able to obtain personalized hormonal treatment tailored to their requests, their treatment is burdened by the lack of evidence-based protocols for standardized treatment in nonbinary individuals, and the risks of possible treatment regimens are yet unknown.[18]

Because health insurance policies are written with health provider contributions, this lack of awareness and cultural competency is likely reflected in policy language, with exclusive and outdated terminology acting as a source of confusion and discouragement to GNC/NB individuals. Indeed, insurance claims for GNC/NB care often require appeal, on top of which many states currently and explicitly deny Medicaid coverage of gender-affirming therapies in their local application of federal regulations, because many of the relevant surgical procedures are broadly categorized as experimental or cosmetic surgeries.[19] Clear policies may reduce this burden for binary transgender and GNC individuals alike. Despite the significant burdens faced by GNC individuals, even in the context of the greater transgender community, there is a lack of research characterizing this specific community and their barriers to accessing gender-associated health care. Thus, the goal of this study was to evaluate the current terminology found in health insurance policies as it pertains to gender-affirming health care for GNC/NB individuals.

Methods

Health insurance policies for a diverse subset of government ($n=4$) and private ($n=6$) payers were obtained in May 2020. These policies were available publicly online and are included as Supplementary Appendixes A–J. This subset included Medicare, Medicaid, Veterans Health Administration (VHA), and the top private payers based on publicly available membership reporting. The majority of payers were found to have published a single health insurance policy. For large payers comprising multiple, regional health insurance companies (e.g., Medicaid, Blue Cross Blue Shield), policies from

two of the companies were reviewed. This included one policy from California and one policy from Texas, as both are populous states that allow for reflection on the differences in health insurance policy in either politically liberal or conservative regions, respectively.

Policies were reviewed independently by two members of the research team (S.M.B. and T.F.) to determine whether each was supportive or unsupportive to GNC/NB individuals. Both reviewers used the following protocol: (1) review each policy's Summary of Benefits and Coverage (SBC) member manual and associated plan highlights, exclusions, special bulletins and policies, and definitions of medically necessary treatment; and (2) identify hit/miss frequency of gendered terms that were presorted into categories of inclusive, exclusive, and neutral (Fig. 1). After individual review of each policy, the reviewers compared findings and incongruent findings were resolved through mutual review of relevant policy information until consensus was reached.

Outcome measures included the following: (1) whether the policy *mentioned* aspects of health care relevant and important to GNC/NB individuals; (2) whether the policy provided *coverage* to any individual for those mentioned aspects of health care; and finally

Inclusive		Neutral		Exclusive	
Agender	X	Asexual	X	Binary	X
Androgyne		Femininity	X	Female-to-male*	X
Androgynous		Feminizing	X	Feminine	X
Androgyny		LGBT	X	Feminization	X
Bigender*		LGBT+		FTM	X
Demifemale*		LGBTQ	X	Gender reassignment operation*	
Demigender*		LGBTQ+		Gender reassignment surgery*	
Demimale*		LGBTQI		Gender reassignment*	X
Demiman*		LGBTQIA		Male-to-female*	X
Demiwoman*		Masculinity	X	Masculine	X
Dual gender*		Masculinizing	X	Masculinization	X
Dual gender*		Queer	X	MTF	X
GAS	X	Trans	X	Sex change	X
GCS		Transgender*	X	Sex change operation*	X
Gender affirmation surgery*	X	Transsexual*	X	Sex change surgery*	
Gender affirming surgery*	X	Transsexualism*	X	Sex reassignment operation*	X
Gender confirmation surgery*	X			Sex reassignment surgery*	
Gender confirming surgery*				Sex reassignment*	X
Gender diverse*	X			The other gender*	X
Gender dysphoria	X			Transsexual female*	
Gender expansive*				Transsexual male*	
Gender identity disorder	X			Transsexual man*	
Gender neutral*	X			Transsexual woman*	
Gender nonconforming*	X			Transfemale*	X
Genderfluid*				Transfeminine*	X
Genderfree*				Transgender female*	X
Genderless*				Transgender male*	X
Genderqueer*	X			Transgender man*	X
GNC	X			Transgender woman*	X
GNC/NB				Transmale*	X
NB				Transman*	
Neutrois				Transmasculine*	X
Nonbinary*	X			Transwoman*	
Nongender*	X				
Other gender*	X				
Pangender*					
TGNC	X				
Third gender*					
Trigender*					

*Search included all iterations of term (e.g., transmale, transmales, trans male, trans males, trans-male, trans-males)

FIG. 1. List of all gendered terms and whether each was utilized in at least one health insurance policy.

(3) whether the policy used language and terminology that was *inclusive* of GNC/NC individuals for those covered aspects of health care. As given in Figure 2, the aspects of health care investigated in this study were organized into the following categories: (1) mental health; (2) hormone therapy; (3) reproductive health; (4) head and neck treatments; (5) body (nongenital) treatments; and (6) genital treatments. The rationale behind the inclusion of each procedure listed within these categories was guided by initial trends noted in the policies reviewed, as well as recurring motifs in analysis of the relevant literature. The granular nature of treatments included in each category was dictated by the language utilized throughout the reviewed policies, with the breadth of the included terms being supported by reoccurring themes in current transgender and GNC/NB health care research.

At the time of this writing, a validated and reliable outcome measure did not exist for this purpose. Therefore, an arbitrary scoring system was designed

	Aspect of Care
Mental Health	Psychiatry
	Psychology
	Therapy, Psychotherapy, or Counseling
	Behavioral Health
	Social Work
	Family Therapy
	Group Therapy
	E-Therapy or Online Counseling
Hormone Therapy	Hormone Therapy or Hormone Replacement Therapy
	Feminizing Hormone Therapy
	Estrogen
	Anti-androgen
	Progestin
	Masculinizing Hormone Therapy
	Testosterone
Reproductive Health	Fertility Medication
	Sperm Preservation
	Oocyte Retrieval and Oocyte or Embryo Freezing
	IUI, IVF, and ART
Head and Neck	Voice Therapy
	Voice Surgery
	Facial Surgery
	Hair Removal for Face and Neck
	Thyroid Cartilage Reduction
Body (Non-Genital)	Augmentation Mammoplasty for Chest Feminization
	Breast Implants for Chest Feminization
	Liposuction
	Lipofilling
	Gluteal Augmentation
	Mastectomy for Chest Masculinization
	Pectoral Implants for Chest Masculinization
	Hair Removal for Body (Non-Genital)
Genital	Orchiectomy
	Penectomy and Vaginoplasty
	Vulvoplasty, Labiaplasty and Clitoroplasty
	Oophorectomy
	Hysterectomy
	Vaginectomy, Urethral Lengthening, Metoidioplasty and Phalloplasty
	Scrotoplasty
	Testicular Prostheses
	Penile Implant
	Hair Removal for Genital Surgery

FIG. 2. List of aspects of health care relevant and important to GNC/NB individuals grouped by category. GNC, gender nonconforming; NB, nonbinary.

that allowed the reviewers to assign a specific number of points to each policy based on the aggregation of mention, coverage, and inclusivity (Fig. 3). These points were then summed to provide a "support score" for each policy.

Coverage for a particular aspect of health care, such as mastectomy for chest masculinization, was defined as inclusive ("N") if the language used in the policy made it clear that individuals of *all gender identities* were included.

> The transgender benefits and policy in this section apply to recipients of all gender identities…—California Medicaid (Medi-Cal), Supplementary Appendix B, "Transgender Services," page 1

On the contrary, coverage was defined as exclusive ("X") if the language used in the policy referred only to *binary transgender individuals* or those whose goal was a *full transition* from one extreme of the gender spectrum to the other.

> Members may be eligible under the plan for a mastectomy for female-to-male transitioning when…—Humana, Supplementary Appendix J, "Gender Reassignment Surgery," page 3

An alternative definition of *assumed* inclusive ("AN") was assigned in instances when the policy explicitly stated coverage for a particular aspect of health care but used language that was not explicitly inclusive of GNC/NB individuals. An alternative definition of *assumed* exclusive ("AX") was assigned in instances when the policy implied (but did not explicitly state) coverage only for binary transgender individuals or those whose goal was a full transition from one extreme of the gender spectrum to the other.

If the policy did not mention a particular aspect of health care, then coverage was defined as missing ("M"). If the policy explicitly stated that a particular aspect of health care was not covered or *any* individual, then coverage was defined as not covered ("O"). Finally, if the policy information was found to be ambiguous or if the reviewers were unable to reach consensus, then coverage was defined as unclear ("U").

It is important to note that, in this study design, determination of "coverage," and "inclusivity" was not based on *actual* claims data. For example, the authors did not investigate whether a specific claim for a specific individual was either approved or denied by a specific payer. Instead, these data are based on *assumed* coverage and inclusivity, from the impression that a layperson might have after reading a specific health insurance policy.

IRB approval was waived for this project as research data was not obtained directly from human subjects, nor from identifiable private information about individuals impacted by this research. All data was obtained from publicly available health insurance policy documents and does not include patient claim data.

Results

Using the abovementioned scoring system, each payer was ranked in order from most to least supportive for each category of care as well as for its overall cumulative health insurance policy score.

When comparing mental health services, VHA was the most supportive payer based on the language used in its policy and stated commitment to "addressing health disparities, including disparities among our transgender and intersex Veterans." All payers with a supportive score (greater than zero) covered some form of psychiatry or psychology care as treatment for gender dysphoria, whereas unsupportive payers excluded the topic from their policy. This is given in Table 1.

Regarding hormone therapy, 70% of payers either excluded hormone therapy or failed to mention hormone therapy in their policy. VHA was again the most supportive payer. Aetna was the only policy

Key							
Symbol:	**N**	**AN**	**U**	**AX**	**X**	**M**	**O**
Coverage Details:	Policy Includes GNC/NB Individuals	Policy Presumably Includes GNC/NB Individuals	Unclear Whether Policy Includes GNC/NB Individuals	Policy Presumably Excludes GNC/NB Individuals	Policy Excludes GNC/NB Individuals	Coverage Details Missing from Policy	Not Covered for All Individuals
Points Assigned:	+2	+1	0	-1	-2	-1	-2

FIG. 3. Scoring system based on mention, coverage, and inclusivity.

Table 1. Policy Details for Mental Health Services

	← Most supportive payer ← → Least supportive payer →									
	VHA	TX BCBS	Cigna	CA Medicaid	Medicare	TX Medicaid	UHC	CA BCBS	Humana	Aetna
Type of service										
Psychiatry	N	AN	N	N	N	AN	M	M	M	M
Psychology	N	N	N	N	N	AN	M	M	M	M
Therapy, psychotherapy, or counseling	N	N	N	N	N	AN	N	M	M	M
Behavioral health	N	AN	N	N	M	AN	M	M	M	M
Social work	N	N	AN	N	N	AN	M	M	M	M
Family therapy	N	N	AN	M	N	AN	M	M	M	M
Group therapy	AN	AN	AN	N	N	AN	M	M	M	M
E-therapy or online counseling	N	AN	AN	M	M	AN	M	M	M	M
Mental health services score	15	12	12	10	10	8	−5	−8	−8	−8
Overall policy score	5	32	4	−21	−24	−32	−18	−27	−45	−64

Table shadings correspond to the policy scoring system point assignments detailed in Figure 3.
CA BCBS, Anthem Blue Cross; CA Medicaid, California Medicaid (Medi-Cal); TX BCBS, Blue Cross and Blue Shield of Texas; TX Medicaid, Texas Medicaid; VHA, Veterans Health Administration; UHC, UnitedHealthcare.

to specifically exclude coverage of progestin and testosterone for the treatment of gender dysphoria. This is given in Table 2.

Policy details for reproductive health demonstrated the poorest coverage among the nonsurgical categories of care with 50% of private payers either using exclusive language in their policies or refusing coverage for reproductive health for all individuals. Exclusive language used in these policies focused on reproductive health in cases of heterosexual failures to conceive. VHA and Texas Blue Cross Blue Shield (TX BCBS) were identified as the two most supportive payers in this category. This is given in Table 3.

Regarding head and neck treatments, TX BCBS was the most supportive payer. Policies from other private payers lacked coverage for any head and neck treatment, including nonsurgical interventions such as voice therapy and surgical procedures such as facial surgery. VHA was the only government payer to use inclusive language in this category. However, no surgical procedures are covered as stated in its policy. This is given in Table 4.

Body (nongenital) treatments were also not covered by the majority of payers. Of note, policies often explicitly stated that these procedures were not covered for *any* individual because they were considered "cosmetic." TX BCBS was again the most supportive payer. Mastectomy for chest masculinization was the treatment with the most variability between payers, with over one-third of payers using exclusive language in their policies. This is given in Table 5.

Genital treatments demonstrated wider coverage and more inclusive language among private payers, whereas government payers failed to mention, cover, or include GNC/NB individuals for these treatments in their policies. Although TX BCBS demonstrated *assumed* inclusionary coverage of all genital procedures, California Blue Cross Blue Shield (Anthem) was identified as

Table 2. Policy Details for Hormone Therapy

	← Most supportive payer ← → Least supportive payer →									
	VHA	Cigna	UHC	CA Medicaid	TX BCBS	Medicare	CA BCBS	TX Medicaid	Humana	Aetna
Type of treatment										
Hormone therapy or hormone replacement therapy	N	N	AN	N	AX	M	M	M	M	M
Feminizing hormone therapy	N	N	AN	M	AX	M	M	M	M	M
Estrogen	N	N	AN	M	AX	M	M	M	M	M
Anti-androgen	N	N	AN	M	AX	M	M	M	M	M
Progestin	N	N	AN	M	AX	M	M	M	M	X
Masculinizing hormone therapy	N	N	AN	M	AX	M	M	M	M	M
Testosterone	N	N	AN	M	AX	M	M	M	M	X
Hormone therapy score	14	14	7	−4	−7	−7	−7	−7	−7	−9
Overall policy score	5	4	−18	−21	32	−24	−27	−32	−45	−64

Table shadings correspond to the policy scoring system point assignments detailed in Figure 3.

Table 3. Policy Details for Reproductive Health

	← Most supportive payer ← → Least supportive payer →									
	TX BCBS	VHA	CA Medicaid	Medicare	CA BCBS	TX Medicaid	Aetna	UHC	Cigna	Humana
Type of service										
Fertility medication	AN	AN	M	M	M	M	AX	M	X	X
Sperm preservation	N	AN	M	M	M	M	M	X	O	O
Oocyte retrieval and oocyte or embryo freezing	N	AN	M	M	M	M	AX	O	O	O
IUI, IVF, and ART	M	AN	M	M	M	M	AX	O	X	X
Reproductive health score	4	4	−4	−4	−4	−4	−4	−7	−8	−8
Overall policy score	32	5	−21	−24	−27	−32	−64	−18	4	−45

Table shadings correspond to the policy scoring system point assignments detailed in Figure 3.
ART, assisted reproductive technology; IUI, intrauterine insemination; IVF, *in vitro* fertilization.

Table 4. Policy Details for Head and Neck Treatments

	← Most supportive payer ← → Least supportive payer →									
	TX BCBS	VHA	CA Medicaid	Medicare	TX Medicaid	Cigna	UHC	CA BCBS	Humana	Aetna
Type of treatment										
Voice therapy	AN	N	M	M	X	O	O	O	O	O
Voice surgery	AN	O	M	M	M	O	O	O	O	O
Facial surgery	AN	O	M	M	M	O	O	O	O	O
Hair removal for face and neck	AN	N	M	M	M	O	O	O	O	O
Thyroid cartilage reduction	AN	O	M	M	M	O	O	O	O	O
Head and neck treatments score	5	−2	−5	−5	−6	−10	−10	−10	−10	−10
Overall policy score	32	5	−21	−24	−32	4	−18	−27	−45	−64

Table shadings correspond to the policy scoring system point assignments detailed in Figure 3.

Table 5. Policy Details for Body (Nongenital) Treatments

	← Most supportive payer ← → Least supportive payer →									
	TX BCBS	CA Medicaid	Medicare	TX Medicaid	VHA	Cigna	UHC	Aetna	CA BCBS	Humana
Type of treatment										
Augmentation mammoplasty for chest feminization:	AN	M	M	O	O	O	O	O	O	O
Breast implants for chest feminization	AN	M	M	AX	O	O	O	O	M	O
Liposuction	AN	M	M	M	O	O	O	O	O	O
Lipofilling	AN	M	M	M	O	O	O	M	O	O
Gluteal augmentation:	AN	M	M	M	O	O	O	M	O	O
Mastectomy for chest masculinization	AN	M	M	X	M	N	AN	AX	X	X
Pectoral implants for chest masculinization	AN	M	M	M	O	O	O	O	O	O
Hair removal for body (nongenital)	AN	M	M	M	N	O	O	O	O	O
Body (nongenital) treatments score	8	−8	−8	−10	−11	−12	−13	−13	−15	−16
Overall policy score	32	−21	−24	−32	5	4	−18	−64	−27	−45

Table shadings correspond to the policy scoring system point assignments detailed in Figure 3.

Table 6. Policy Details for Genital Treatments

	← Most supportive payer ← → Least supportive payer →									
	CA BCBS	TX BCBS	UHC	Cigna	Humana	CA Medicaid	Medicare	TX Medicaid	VHA	Aetna
Type of treatment										
Orchiectomy	N	AN	AN	N	AN	M	M	M	O	X
Penectomy and vaginoplasty	N	AN	AN	AN	AN	M	M	X	O	X
Vulvoplasty, labiaplasty, and clitoroplasty	N	AN	AN	AN	AN	M	M	X	O	X
Oophorectomy	N	AN	AN	N	AN	M	M	M	O	X
Hysterectomy	N	AN	AN	N	AN	M	M	U	M	X
Vaginectomy, urethral lengthening, metoidioplasty, and phalloplasty	N	AN	AN	AN	AN	M	M	M	O	X
Scrotoplasty	N	AN	AN	O	AN	M	M	M	O	X
Testicular prostheses	N	AN	AN	O	AN	M	M	X	O	X
Penile implant	M	AN	AN	AN	O	M	M	O	O	X
Hair removal for genital surgery	N	AN	AN	N	O	M	M	M	N	O
Genital treatments score	17	10	10	8	4	−10	−10	−13	−15	−20
Overall policy score	−27	32	−18	4	−45	−21	−24	−32	5	−64

Table shadings correspond to the policy scoring system point assignments detailed in Figure 3.

Table 7. Policy Details for All Services

	← Most supportive payer ← → Least supportive payer →										
	TX BCBS	VHA	Cigna	UHC	CA Medicaid	Medicare	CA BCBS	TX Medicaid	Humana	Aetna	
Category of care											
Mental health	12	15	12	−5	10	10	−8	8	−8	−8	**Key:**
Hormone therapy	−7	14	14	7	−4	−7	−7	−7	−7	−9	- -
Reproductive health	4	4	−8	−7	−4	−4	−4	−4	−8	−4	–
Head and neck	5	−2	−10	−10	−5	−5	−10	−6	−10	−10	=
Body (nongenital):	8	−11	−12	−13	−8	−8	−15	−10	−16	−13	+
Genital	10	−15	8	10	−10	−10	17	−13	4	−20	+ +
Overall policy score	32	5	4	−18	−21	−24	−27	−32	−45	−64	

Table shadings stratify the cumulative health insurance policy scores given to each policy by their individual supportiveness of each category of care as detailed in Tables 1–6. For each category of care, the most supportive policies were given *dark green* (+ +) score shadings corresponding to a higher amount of "N" or "AN" scores given to these policies. The least supportive policies were given a *dark red* (- -) score shading corresponding to a higher amount of "X", "AX", or "O" scores given to these policies. Policies receiving mixed "M" or "AN" scores received a *light green* (+) score shading, whereas those given mostly "M", "AX", "X", and "O" scores received a *light red* (−) score shading. Policies with unclear language or themes of inclusion without coverage, such as those seen in the VHA policy, were given a *yellow* (=) score shading.

the most supportive payer because of its implementation of inclusive terms to detail coverage for 90% of treatments within this category. Of note, Aetna was the only private payer to use exclusive language in this category of care. Regarding this policy, many of the individual treatments were considered medically necessary to treat the diagnosis of gender dysphoria and therefore covered, but the policy repeatedly referred only to "male-to-female" and "female-to-male" individuals. This is given in Table 6.

Policy scores from each category were summed and identified TX BCBS as the overall most supportive payer. In fact, TX BCBS was found to have an overall policy score greater than six times that of the next supportive payer (VHA). Overall, 70% of payers were found to have a support score less than zero, indicating poor performance. Aetna was the least supportive payer, with no equivocal or positive scores for any category. This is given in Table 7.

Hit/miss frequency data of gendered terms were also analyzed for each of the health insurance policies reviewed. These terms were presorted into categories of inclusive, exclusive, and neutral (Fig. 1). From this analysis, it was noted that 70% of policies used predominantly exclusive terms. VHA was the payer whose policy used the highest percentage of inclusive terms. Texas Medicaid's policy used solely exclusive language with only one identified gendered (exclusive) term in its entire policy. This is given in Table 8.

The most commonly identified inclusive terms were "gender dysphoria" and "gender identity disorder." "Female-to-male" and "male-to-female" were the

Table 8. Inclusivity of Unique Gendered Terms Per Policy

		Description of gendered terms:					
	Total no. unique gendered terms	Inclusive		Neutral		Exclusive	
		n	%	*n*	%	*n*	%
Most inclusive ↑ ↓ Least inclusive							
VHA	27	10	37.0	7	25.9	10	37.0
Medicare	15	5	33.3	5	33.3	5	33.3
CA Medicaid	6	2	33.3	2	33.3	2	33.3
Cigna	16	5	31.3	3	18.8	8	50.0
TX BCBS	30	8	26.7	7	23.3	15	50.0
Aetna	24	6	25.0	6	25.0	12	50.0
CA BCBS	19	4	21.1	4	21.1	11	57.9
Humana	11	2	18.2	3	27.3	6	54.5
UHC	18	3	16.7	3	16.7	12	66.7
TX Medicaid	1	0	0.0	0	0.0	1	100.0

Table shadings identify the policies with the highest percentages of inclusive (*green*), neutral (*yellow*), or exclusive (*red*) terms utilized within each policy. The top three policies using the highest percentage of "inclusive" gendered terms were shaded green in the "inclusive" column. These three policies were also found to have the highest numerical and percentage use of "neutral" gendered terms and were shaded *yellow* in the "neutral" column. All other policies utilized 50% or more "exclusive" gendered terms and were thus given a *red* shading in the "exclusive" column.

Table 9. Frequency of Inclusive Terms

Term	Medicare (%)	CA Medicaid (%)	TX Medicaid (%)	VHA (%)	UHC (%)	CA BCBS (%)	TX BCBS (%)	Aetna (%)	Cigna (%)	Humana (%)	No. of policies using term(s)
Gender neutral[a]	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	1
GNC [a]	0.9	12.5	0.0	8.0	0.0	7.1	8.9	9.4	5.7	0.0	7
TGNC	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1
NB[a]	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	1
Genderqueer[a]	0.0	0.0	0.0	2.0	0.0	0.0	4.4	0.0	0.0	0.0	2
Gender diverse[a]	0.0	0.0	0.0	2.0	0.0	0.0	4.4	0.0	0.0	0.0	2
GAS[a]	0.0	0.0	0.0	30.0	44.4	21.4	6.7	9.4	2.9	0.0	6
GCS [a]	0.0	0.0	0.0	30.0	0.0	0.0	2.2	3.1	2.9	6.7	5
Gender dysphoria	75.5	87.5	0.0	20.0	38.9	50.0	62.2	56.3	74.3	93.3	9
Gender identity disorder	20.9	0.0	0.0	2.0	16.7	21.4	8.9	9.4	14.3	0.0	7
Agender	0.0	0.0	0.0	0.0	0.0	0.0	2.2	0.0	0.0	0.0	1
Nongender[a]	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1
Other gender[a]	0.0	0.0	0.0	2.0	0.0	0.0	0.0	12.5	0.0	0.0	2
No. of unique terms used by policy	5	2	0	10	3	4	8	6	5	2	

Table shadings indicate the policies with the highest frequency of inclusive terms per gendered terms used. Policies with 0% inclusive terms did not receive shading. Policies with greater than 70% of their gendered terms being classified as inclusive received the *darkest green shading*. A spectrum of *light* to *dark green* was then assigned to all other policies to indicate the lowest to highest frequency of inclusive terms utilized by these policies.

[a]See Figure 1 for all iterations of term(s).

GAS, gender affirming surgery; GCS, gender confirming surgery; GNC, gender nonconforming; NB, nonbinary; TGNC, transgender and gender nonconforming.

Table 10. Frequency of Negative Terms

Term	Medicare (%)	CA Medicaid (%)	TX Medicaid (%)	VHA (%)	UHC (%)	CA BCBS (%)	TX BCBS (%)	Aetna (%)	Cigna (%)	Humana (%)	No. of policies using term(s)
Female-to-male[a]	42.0	50.0	0.0	3.3	15.4	8.7	18.5	18.8	6.9	6.8	9
Male-to-female[a]	47.8	50.0	0.0	3.3	25.6	0.0	17.6	18.8	6.9	6.8	8
Masculinization	0.0	0.0	0.0	0.0	1.3	2.9	2.8	3.5	5.2	0.0	5
Masculine	1.8	0.0	0.0	3.3	2.6	2.9	4.6	3.5	0.0	0.0	6
Transmasculine[a]	0.0	0.0	0.0	0.0	0.0	0.0	0.9	5.9	0.0	0.0	2
Feminization	7.5	0.0	0.0	3.3	9.0	7.2	4.6	22.4	5.2	0.0	7
Feminine	0.9	0.0	0.0	3.3	2.6	2.9	3.7	1.2	0.0	1.1	7
Transfeminine[a]	0.0	0.0	0.0	0.0	0.0	0.0	0.9	1.2	0.0	0.0	2
Binary	0.0	0.0	0.0	6.7	0.0	0.0	0.9	0.0	0.0	0.0	2
Trans male[a]	0.0	0.0	0.0	3.3	0.0	4.3	2.8	0.0	0.0	0.0	3
Transgender male[a]	0.0	0.0	0.0	23.3	5.1	0.0	0.9	0.0	1.7	1.1	5
Trans female[a]	0.0	0.0	0.0	0.0	0.0	2.9	2.8	0.0	0.0	0.0	2
Transgender female[a]	0.0	0.0	0.0	30.0	3.8	0.0	0.9	1.2	1.7	0.0	5
Sex change[a]	0.0	0.0	100.0	0.0	1.3	1.4	0.0	0.0	0.0	0.0	3
Sex reassignment[a]	0.0	0.0	0.0	20.0	3.8	10.1	7.4	3.5	24.1	0.0	6
Gender reassignment[a]	0.0	0.0	0.0	0.0	19.2	43.5	30.6	9.4	48.3	79.5	6
The other gender	0.0	0.0	0.0	0.0	10.3	13.0	0.0	10.6	0.0	4.5	5
No. of unique terms used by policy	5	2	1	10	12	11	15	12	8	6	

Table shadings indicate the policies with the highest frequency of negative terms per gendered terms used. Policies with 0% negative terms did not receive shading. Policies with greater than 70% of their gendered terms being classified as negative or exclusive received the *darkest red shading*. A spectrum of *light* to *dark red* was then assigned to all other policies to indicate the lowest to highest frequency of negative terms utilized by these policies. The Humana policy's term frequency percentage associated with the term "Gender reassignment" is specifically highlighted as though this policy has a high frequency of use of this term, the policy specifically notes that "gender reassignment surgery... may also be referred to as gender affirming or gender confirmation surgery in Supplementary Appendix J, "Gender Reassignment Surgery," page 1.

[a]See Figure 1 for all iterations of term(s).

Table 11. Frequency of Neutral Terms

Term	Medicare (%)	CA Medicaid (%)	TX Medicaid (%)	VHA (%)	UHC (%)	CA BCBS (%)	TX BCBS (%)	Aetna (%)	Cigna (%)	Humana (%)	No. of policies using term(s)
Transgender[a]	71.0	92.3	0.0	59.9	88.5	75.0	56.1	48.8	55.6	50.0	9
Transsexual[a]	7.5	7.7	0.0	2.6	7.7	8.3	7.0	17.1	33.3	0.0	8
Trans	0.0	0.0	0.0	0.0	0.0	8.3	0.0	17.1	0.0	0.0	2
Transsexualism[a]	0.0	0.0	0.0	0.0	3.8	0.0	5.3	2.4	11.1	0.0	4
Masculinizing	0.0	0.0	0.0	2.6	0.0	0.0	12.3	4.9	0.0	0.0	3
Masculinity	2.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0	2
Feminizing	0.0	0.0	0.0	3.3	0.0	0.0	14.0	9.8	0.0	0.0	3
Femininity	3.2	0.0	0.0	0.0	0.0	8.3	0.0	0.0	0.0	25.0	3
LGBT[a]	16.1	0.0	0.0	30.3	0.0	0.0	3.5	0.0	0.0	0.0	3
Asexual	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	1
Queer	0.0	0.0	0.0	0.7	0.0	0.0	1.8	0.0	0.0	0.0	2
No. of unique terms used by policy:	5	2	0	7	3	4	7	6	3	3	

Table shadings indicate the policies with the highest frequency of neutral terms per gendered terms used. Policies with 0% neutral terms did not receive shading. Policies with greater than 70% of their gendered terms being classified as neutral received the *darkest yellow* shading. A spectrum of *light* to *dark yellow* was then assigned to all other policies to indicate the lowest to highest frequency of neutral terms utilized by these policies.

[a]See Figure 1 for all iterations of term(s).

most commonly identified exclusive terms. In general, policies used inclusive terms less frequently than exclusive terms and inclusive terms were identified in fewer policies compared with exclusive terms. The most commonly identified neutral term was "transgender." This is given in Tables 9–11.

Discussion

Language and terms describing gender-affirming health care have always been important to those seeking it. Many studies focusing on transgender health care fail to highlight terminology that includes GNC/NB individuals.[20] This study explored whether current terminology found in health insurance policies may be a barrier to gender-affirming health care for GNC/NB individuals.

These findings indicate that there is not only a large gap in coverage for trans male and trans female patients seeking gender-affirming health care but also a failure of payers to provide policies with clear, inclusive coverage for GNC/NB individuals. Of the health insurance policies included in this analysis, 70% were found to have support scores less than zero. This reflects inadequate coverage for relevant and important aspects of their care and the use of exclusive language.

When evaluating for *mention* of these aspects of health care, it was not uncommon for health insurance policies to fail to mention any type of treatment for gender dysphoria whatsoever. For example, although 70% of policies included some coverage of mental health for treatment of gender dysphoria, three policies failed to mention any coverage of mental health for this indication.

When evaluating for *coverage* of these aspects of health care, it was determined that many treatments for gender dysphoria were often neglected. For example, half of all policies included in this study specified that none of the head and neck treatments investigated in this study would be covered. Body (nongenital) treatments were often considered "cosmetic" and most policies stated that these treatments would not be covered for any indication. Many of the uncovered areas of care trended toward surgical treatments rather than relatively less expensive, nonsurgical treatments.

When evaluating for *inclusivity* of these aspects of health care, it was demonstrated that, despite certain aspects of gender-affirming health care being mentioned and covered, the language and terminology found within these policies often excluded GNC/NB individuals. For example, 40% of policies used explicit, gendered language that was not inclusive of GNC/NB individuals when describing coverage of mastectomy for chest masculinization.

Regarding the unique gendered terms identified within these policies, only three policies were found to use more inclusive terms than exclusive or neutral terms, suggesting that the majority of policies failed to use language and terminology that acknowledges the unique gender identities embraced by the GNC/

NB community. This was identified to be a common thread across other areas of study, including reported experiences of GNC/NB patients.[12,17] Some authors note that the transgender and GNC/NB communities are difficult to define, partially owing to the broad range of rapidly evolving and expanding terms used to describe gender identities, and the unique gender identities of many individuals continue to be grouped under the umbrella term "transgender."[7]

It should be noted that the scoring system used in this study assigned a negative point value to health insurance policies that failed to mention certain aspects of health care deemed relevant and important to GNC/NB individuals. The omission of missing items was not characterized as a neutral event given the burden then placed on the individual seeking care to determine if their desired therapy is covered; this was considered a barrier to appropriate access to care. Therefore, policies that deferred to explicitly outline coverage decisions by way of omission received lower scores than some policies that used primarily exclusive language. This is true for Medicare's policy, which performed relatively poorly.

It is possible that individuals seeking information regarding coverage of gender-affirming health care may ultimately receive additional or different information than that found within the policy available publicly online. However, this analysis of the language and terminology found within publicly available policies acts as a surrogate for the impression a member of the GNC/NB community may experience from the initial search. It is also possible that the clarity and inclusiveness of a policy will not translate directly to actual claims decisions. As the data included in this study do not reflect the real-time health care demands of GNC/NB individuals, a limitation of this work is its inability to assess how the shortcomings of policy coverage and language affects the end coverage of therapies obtained by this population. From data available in the U.S. Transgender Survey and studies such as Reisner and Hughto, GNC/NB individuals were less likely to access medical gender affirmation than binary survey participants, suggesting different goals of treatment and not necessarily increased barriers to accessing medical care.[12,13] The U.S. Transgender Survey notes that transgender, compared with NB participants, were significantly more likely to experience refusal of transgender-specific health care. Although the treatment goals of GNC/NB versus binary transgender patients likely require less intervention, they have been poorly characterized owing to the breadth of gender expressions falling under GNC/NB umbrella, as well as evidence that nonbinary individuals often do not disclose their identity to providers, limiting the accuracy of available research.[13,21] This is further burdened by the lack of evidence-based protocols for standardized hormonal treatment in GNC/NB patients.[18] However, this study remains relevant as the discussion of GNC/NB inclusion within policy language reflects studied trends in avoidance of routine health care by GNC/NB individuals for fear of discrimination.

Another important limitation involves the selection of payers included in this study. The small subset of payers included Medicare, Medicaid, VHA, and the top private payers based on publicly available membership reporting. Therefore, it is possible that these results were influenced by selection bias and that these data may not be generalizable across all payers.

There is also potential for investigator bias, as two members of the research team independently reviewed each health insurance policy and the expectations of investigators may influence the outcomes of their evaluations. Although the goal of this study was to objectively evaluate whether current terminology found in health insurance policies may be a barrier to gender-affirming health care for GNC/NB individuals, the determination of "inclusive" versus "exclusive" was primarily based on the judgment of the research team. The reviewers based these determinations on their impressions of how a layperson might interpret each health insurance policy, influenced by the language and terminology found within. At the time of this writing, a validated list of inclusive, exclusive, and neutral gendered terms had not been published. The exhaustive list of terms created by the research team and investigated in the study is included to ensure full transparency to the readers. The creation of this list was largely guided by publicly available online resources such as the 2015 U.S. Transgender Survey.[12]

Similarly, investigator bias also potentially influenced the selection of terms included within each category of the scoring system, as calculation of a policy's score can be significantly affected by how exhaustively a type of therapy is listed within each category. The development of the scoring system and decisions of which terms to include were supported by trends noted in the reviewed policies and analyzed literature. As more variance existed between policies regarding the amounts of body and genital procedures covered, with a relatively homogeneous assignment of facial procedures as

cosmetic and therefore uncovered, the categorization system was designed to reflect this trend through providing more granular data for body and genital procedures versus those terms for facial procedures. Within this categorization system, "hair removal" was also listed in multiple categories and examined in a similarly comprehensively itemized manner. This is to reflect the distinction between hair removal in preparation for surgery versus that for cosmetic reasons, with hair removal for genital surgery purposes determined to be present in a policy if the policy was specific regarding the provision of coverage for hair removal regardless of hair location as long as it was performed in preparation for a genital surgery. This distinction was specifically noted given the pervasive trend of coverage refusal for gender-affirming procedures based on their cosmetic nature.

Despite these limitations, this study makes an important contribution to the current body of literature regarding health care in a gender diverse population and draws attention to the fact that much of the current research on transgender health care for the treatment of gender dysphoria focuses on transgender individuals who identify with a binary gender.[3–5] The GNC/NB community is often overlooked, and the clinical needs of these individuals who do not have a binary gender-based goal of treatment for gender dysphoria are yet to be fully understood.[8] The data presented here provide just one example of how this negatively impacts the health and wellbeing of GNC/NB individuals. Therefore, further study is warranted.

Conclusions

GNC/NB individuals experience higher rates of discrimination and lower access to transgender health care compared with their binary transgender counterparts. These findings demonstrate that most health insurance policies currently fail to provide clear, inclusive coverage to GNC/NB individuals for relevant and important aspects of their care.

The authors believe that there are clear and crucial steps for payers to take to provide more supportive policies and to improve access to quality, inclusive, gender-affirming health care for GNC/NB individuals: (1) make *mention* of aspects of health care that are relevant and important to the GNC/NB community; (2) provide *coverage* for these aspects of health care; and (3) expand the *inclusivity* of policies by using language and terminology that acknowledges the unique gender identifies embraced by the GNC/NB community.

In their current state, these policies are a source of confusion, uncertainty, and discouragement, which can present as a barrier to accessing quality, inclusive, gender-affirming health care.

Author Disclosure Statement

No competing financial interests exist.

Funding Information

The authors received no funding for this project.

Supplementary Material

Supplementary Appendix A
Supplementary Appendix B
Supplementary Appendix C
Supplementary Appendix D
Supplementary Appendix E
Supplementary Appendix F
Supplementary Appendix G
Supplementary Appendix H
Supplementary Appendix I
Supplementary Appendix J

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Cite this article as: Bond SM, Fouche T, Smith JR, Garza RM (2022) Review of health insurance policy inclusivity of gender nonconforming and nonbinary individuals seeking gender-affirming health care, *Transgender Health* 7:6, 484–496, DOI: 10.1089/trgh.2020.0146.

Abbreviations Used

GNC = gender nonconforming
NB = nonbinary
TGNC = transgender and gender nonconforming
TX BCBS = Texas Blue Cross Blue Shield
VHA = Veterans Health Administration